DOCUMENT RESUME

ED 463 615 EC 308 912

TITLE	Ohio Students Identified as "Other Health Handicapped."
INSTITUTION	Ohio State Legislative Office of Education Oversight, Columbus.
PUB DATE	2002-01-00
NOTE	23p.
AVAILABLE FROM	Legislative Office of Education Oversight, 77 S. High St., 15th Floor, Columbus, OH 43266-0927. Tel: 614-752-9686; Fax: 614-752-3058. For full text: http://www.loeo.state.oh.us.
PUB TYPE	Reports - Research (143)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Attention Deficit Disorders; *Classification; Definitions; *Disability Identification; *Educational Finance; Elementary Secondary Education; Incidence; Mental Disorders; *Severity (of Disability); Special Education; *Special Health Problems; Student Characteristics
IDENTIFIERS	*Medically Fragile; *Ohio

ABSTRACT

Ohio has used 12 disability categories to report and fund students with special education needs. In June of 2001, the Ohio General Assembly divided the "other health handicapped" category into 2 categories: "other health handicapped-minor" and "other health handicapped-major." Students identified in the major category are considered medically fragile and receive more funding than those identified as minor. This memo analyzes the medical conditions for students identified as "other health handicapped" and reports the number of students within each of these classifications. It further describes how school districts vary in their identification of "other health handicapped." The survey of 538 school districts found the 5,538 students classified as "other health handicapped" have over 350 medical diagnoses and that only 1.7 percent would qualify for the category of "other health handicapped-major." The memo concludes that the definition of a medically fragile child selected by the Ohio General Assembly and the functional conditions meant to clarify that definition may be too stringent for the purpose of identifying children as "other health handicapped-major." Appendices include definitions of functional conditions used to identify a medically fragile child and a list of medical diagnoses affecting 10 or more students statewide. (CR)

Reproductions supplied by EDRS are the best that can be made
from the original document.

EC

Ohio Students Identified as "Other Health Handicapped"

ED 463 615

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
N. C. Zajano
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
1

LEGISLATIVE OFFICE OF EDUCATION OVERSIGHT
Columbus, Ohio
January 2002

EC 308912

BEST COPY AVAILABLE

LEGISLATIVE OFFICE OF EDUCATION OVERSIGHT
77 South High Street, 15th Floor
Columbus, OH 43215
Phone (614) 752-9686 Fax (614) 752-3058
Web Site: http://www.loeo.state.oh.us

REPRESENTATIVES

Merle Grace Kearns, Chair
Jamie Callender
Kevin DeWine
William Hartnett
Claudette Woodard

SENATORS

Linda J. Furney
Randall L. Gardner
Robert A. Gardner
Bill Harris
Michael C. Shoemaker

DIRECTOR

Nancy C. Zajano, Ph.D.

CHIEF OF RESEARCH

Lindsey L. Ladd

RESEARCH STAFF

Shannon Lochtefeld, Project Manager
Cynthia DeJacimo

ASSISTED BY

Dorothy Bystrom, R.N.
Ohio Department of Health

Nancy Rini, Ph.D.
Columbus Public Schools

FORMAT EDITOR

Molly Peacock

ADMINISTRATIVE ASSISTANT

Donna Robinson

The Legislative Office of Education Oversight (LOEO) serves as staff to the Legislative Committee on Education Oversight. Created by the Ohio General Assembly in 1989, the Office evaluates education-related activities funded wholly or in part by the state of Ohio. LOEO prepares research reports and information memos on topics selected by its Committee. Research reports provide conclusions and offer recommendations. Information memos are short descriptions of programs or issues.

This report is available at LOEO's web site: http://www.loeo.state.oh.us

Summary

Ohio Students Identified as "Other Health Handicapped"

Ohio has used twelve disability categories to report and fund students with special education needs. In June 2001, the Ohio General Assembly divided the "other health handicapped" category into two categories: "other health handicapped – *minor*" and "other health handicapped – *major*." Students identified in the "major" category are considered "medically fragile" and receive more funding than those identified as "minor."

The General Assembly required the Legislative Office of Education Oversight (LOEO) to classify the medical conditions of students identified as "other health handicapped" and to report the number of students within each of these classifications. This LOEO information memo provides these analyses and also reports the number of students that would be considered "other health handicapped – major." It further describes how school districts vary in their identification of other health handicapped students and raises a policy question regarding the definition of a "medically fragile child."

As of December 2000, there were 6,466 students, or 3% of all Ohio students with disabilities, identified as other health handicapped. According to an LOEO survey responded to by 538 of Ohio's 612 school districts:

- The 5,538 other health handicapped students covered in the LOEO survey have over 350 distinct medical diagnoses;
- Over half (56%) of these students have some type of mental or behavioral disorder, most commonly, Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD);
- Close to one-fifth (19%) have a disorder of the central nervous system, most commonly, epilepsy or some other seizure disorder; and
- Had the other health handicapped – major category been in place in December 2000, only 94 or 1.7% of these students would have been placed in the "major" category.

According to data from the Education Management Information System (EMIS):

- Individual school districts identified 0% to 27% of their students with disabilities as other health handicapped; the statewide average was 3%.
- Suburban school districts with very low poverty are more likely to identify a larger proportion (7.6%) of students with disabilities as other health handicapped; and
- Rural and major urban school districts, both with high poverty, are more likely to identify a smaller proportion of students, 1.9% and 1.0% respectively, as other health handicapped.

Ohio Students Identified as "Other Health Handicapped"

Table of Contents

Introduction 1
Special education reporting and funding 1

Definition of "Other Health Handicapped" 2
"Other health handicapped – *major*" 3
"Other health handicapped – *minor*" 4

Number and Percent of Students with Disabilities Identified as "Other Health Handicapped" 4

Medical Diagnoses of Students Identified as "Other Health Handicapped" 5
Attention Deficit Disorder 7

Variations in the Percent of Students Identified as "Other Health Handicapped" across Ohio School Districts 8
Reasons behind school district differences 9

Use of "Medically Fragile" to Define "Other Health Handicapped – Major" 10

Appendices

A – Definitions of "Functional Conditions" Used to Identify a Medically Fragile Child A-1
B – LOEO Survey Respondents by District Size and Socio-economic Status B-1
C – Selected Bibliography C-1
D – Medical Diagnoses Affecting Ten or More Students Statewide, December 2000 ..... D-1

Ohio Students Identified as "Other Health Handicapped"

This LOEO information memo reports the number of students with disabilities that are identified as "other health handicapped." It provides the medical diagnoses for these students and estimates the number that would be eligible for the new funding category of "other health handicapped – major."

Introduction

In June 2001, the Ohio General Assembly required the Legislative Office of Education Oversight (LOEO) to conduct a study of students identified as "other health handicapped." Section 44.27 of Amended Substitute House Bill 94, the operating budget for the 124th General Assembly, states:

> The Legislative Office of Education Oversight shall survey the individualized education programs developed for handicapped children who have been identified under Chapter 3323 of the Revised Code as having "other health handicaps." The Office shall categorize the specific medical conditions that school districts identify as "other health handicaps" and shall quantify the number of students identified in each category. The Office shall report its findings to the General Assembly no later than six months after the effective date of this section.

Based on December 2000 enrollment data, this LOEO information memo:

- Categorizes the medical conditions, or *diagnoses*, of students identified as "other health handicapped";
- Quantifies the number of students in each category of medical conditions;
- Offers some *possible* reasons why some school districts identify a larger percent of students with disabilities as "other health handicapped" than other school districts;
- Provides the proportion of students in December 2000 that would have been identified as "other health handicapped – *minor*" versus "other health handicapped – *major*" had the two categories, created by Am. Sub. H.B. 94, been in place at that time; and
- Discusses a possible problem with the eligibility criteria for the "other health handicapped – *major*" category.

Special education reporting and funding

Ohio elementary and secondary students identified as requiring special education services are placed in one of twelve disability categories for the purposes of reporting and funding. Since fiscal year 1999, Ohio has funded special education services by assigning a "weight" to each of these disability categories.

For each student, school districts receive a "base cost amount," $4,294 in fiscal year 2001, to cover basic program costs. For each special education student, school districts also receive an amount equal to the "base cost" *multiplied* by the appropriate "weight." Local and state

contributions make up both the base cost amount and the special education weight in proportions that differ according to the wealth of the school district.

When the weighted system was first created in Amended Substitute House Bill 650, the operating budget of the 122nd General Assembly, there were only *two* special education weights – 0.22 and 3.01. In 2001, Am. Sub. H.B. 94 modified the system by creating *six* weights. Exhibit 1 shows the twelve disability categories with their corresponding weights.

****

Exhibit 1
Special Education Disability Categories and their Corresponding Funding Weights

Disability Category	Weights	
	Am. Sub. H.B. 650 (FY 1999)	Am. Sub. H.B. 94 (FY 2002-2003)*
Speech and language impaired	--	0.2892
Specific learning disabled	0.22	0.3691
Developmentally handicapped	0.22	0.3691
Other health handicapped	**0.22**	**"minor" – 0.3691** **"major" – 2.3646**
Hearing impaired	3.01	1.7695
Vision impaired	3.01	1.7695
Severe behavior handicapped	3.01	1.7695
Orthopedically handicapped	3.01	2.3646
Multihandicapped	3.01	3.1129
Autism	3.01	4.7342
Traumatic brain injury	3.01	4.7342
Deaf-Blindness	3.01	4.7342

* The weights in Am. Sub. H.B. 94 are being "phased in." In fiscal year 2002, the weights will be adjusted by multiplying them by 0.825. In fiscal year 2003, the weights will be adjusted by multiplying them by 0.875.

****

Definition of "Other Health Handicapped"

The focus of this LOEO information memo is the disability category "other health handicapped," also known as "other health impaired." As defined by section 3301-51-01 of the Ohio Administrative Code (OAC), "other health impaired":

> "...means limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance."

The medical conditions included in this definition are intended as *examples*. Whatever the specific medical condition

may be, the essential element for identifying a student as "other health handicapped" is that the condition has an *adverse effect on the child's educational performance*.

As shown in Exhibit 1, Am. Sub. H.B. 94 divided the "other health handicapped" category into *two* categories: "other health handicapped – major" and "other health handicapped – minor." The distinction between these two new categories is important because *how* a student is categorized affects his funding.

Under Am. Sub. H.B. 94, students identified as "other health handicapped – major" are assigned a weight of 2.3646. Students identified as "other health handicapped – minor" are assigned a much smaller weight of 0.3691. As shown in Exhibit 1, prior to Am. Sub. H.B. 94, *all* students identified as "other health handicapped" were assigned a weight of 0.22.

"Other health handicapped – *major*"

Under Am. Sub. H.B. 94, students identified as "other health handicapped – major" must satisfy two conditions. First, they must meet the definition of "other health handicapped" established by the State Board of Education – section 3301-51-01 of the OAC shown above. Second, they must be considered "medically fragile."

"Medically fragile." Am. Sub. H.B. 94 defines a "medically fragile child" as a child who requires all of the following:

- The services of a doctor of medicine or osteopathic medicine at least once a week due to the instability of the child's medical condition;
- The services of a registered nurse on a daily basis; and
- Is at risk of institutionalization in a hospital, skilled nursing facility, or intermediate care facility for the mentally retarded.

The General Assembly created this definition of a "medically fragile child" by borrowing language from section 5103.02 of the Ohio Revised Code (ORC) regarding the term "medically fragile foster home." A "medically fragile foster home" provides specialized medical services designed to meet the needs of children with intensive health care needs.

In an effort to make it clear to school districts which "other health handicapped" students should be considered "medically fragile" and, therefore, identified as "other health handicapped – *major*," Am. Sub. H.B. 94 required the Ohio Department of Education (ODE) to create a list of "medical conditions." School districts would be able to identify as "other health handicapped – major" *only* those students with medical conditions that appear on the list.

As required by Am. Sub. H.B. 94, for a medical condition to be included on ODE's list, a substantial majority of children with the condition must meet all *three* criteria of a "medically fragile child." The task force established to create the list concluded that very few, if any, medical conditions would qualify.

In addition, the task force argued that every type of medical condition, or diagnosis, has a range of effects from mild to severe. Two students with the same medical diagnosis might require very different services depending on the severity of their condition, resulting in different costs to their school districts.

For these reasons, the task force recommended that "functional conditions,"

rather than medical diagnoses, determine whether or not a child is classified as "medically fragile." In August 2001, ODE provided school districts with the following list of functional conditions that, when at least one is present, indicate a student is "medically fragile":

- When a student has a tracheostomy;
- When a student has a central IV line;
- When a student is on a ventilator;
- When a student requires tube feedings;
- When a student requires percussion and drainage;
- When a student requires suctioning; or
- When a student is oxygen dependent.

If a student *does not* have one of the functional conditions listed by ODE, but meets all three criteria of the definition of a "medically fragile child" provided in Am. Sub. H.B. 94, her school district may petition the State Superintendent to identify the student as "other health handicapped – major." Appendix A provides a definition for each of the functional conditions listed above.

"Other health handicapped – *minor*"

Students identified as "other health handicapped – minor" must also meet the definition of "other health handicapped" as established by the State Board of Education. However, they are ***not*** considered "medically fragile."

****

Number and Percent of Students with Disabilities Identified as "Other Health Handicapped"

Ohio identifies roughly the same proportion of students with disabilities as "other health handicapped" as the nation as a whole – around 3% to 4%. Exhibit 2 shows the number and percent of students with disabilities identified as "other health handicapped" in Ohio and in the nation.

Exhibit 2
Students with Disabilities Identified as "Other Health Handicapped"

	Number	Percent of Students with Disabilities
Nation[a]	220,831	4%
Ohio[b]	6,466	3%
Range for Ohio School Districts[b]	0 to 115	0% to 27%

[a] Source: U.S. Department of Education's *22nd Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act* - based on data from the 1998-1999 school year.

[b] Source: Ohio Department of Education, EMIS – data collected from 612 school districts (includes students enrolled in joint vocational school districts) - December 2000. An additional 86 students, served by 14 out of 87 community schools, were not included in this analysis.

Medical Diagnoses of Students Identified as "Other Health Handicapped"

As mentioned, the Ohio General Assembly, in Am. Sub. H.B. 94, required the Legislative Office of Education Oversight (LOEO) to:

- *Survey* the individualized education programs of students identified as "other health handicapped";
- *Categorize* the specific medical conditions of those students; and
- *Quantify* the number of students identified in each category.

LOEO learned that a specific medical condition, or diagnosis, is not a mandated component of a student's individualized education program (IEP), a written plan used to guide the provision of special education services. Nor is it a mandated component of a student's multi-factored evaluation (MFE) team report. A MFE team report is a written report detailing information, including the results of a physical examination, observations, and assessments used to identify a student as requiring special education services.

Because medical diagnoses could not be obtained for all students identified as "other health handicapped" by examining their IEPs or MFE team reports, LOEO conducted a survey of school personnel most familiar with these students in all of Ohio's 612 school districts.

LOEO asked school districts to verify the number of students identified as "other health handicapped" in their December 2000 Child Count - submitted to the Education Management Information System (EMIS) - and to provide the *primary* medical diagnosis for each of those students. Many students have multiple diagnoses. It was necessary for the purpose of this survey for school districts to identify the diagnosis that has the largest effect on the child's educational performance.

LOEO received completed surveys from 88% (538) of Ohio's 612 school districts. The school districts responding represent 86% (5,538) of the 6,466 students identified as "other health handicapped" in the state. Appendix B shows a breakdown of respondents by school district size and socio-economic status.

School districts identified over 350 distinct medical diagnoses for students identified as "other health handicapped." To categorize all of those diagnoses, LOEO sought the assistance of health professionals from the Ohio Department of Health and Columbus Public Schools. The 19 categories of medical diagnoses used are taken from *The Merck Manual of Diagnosis and Therapy*. Appendix C, a selected bibliography, includes a reference to this manual.

Exhibit 3 shows the number and percent of students identified as "other health handicapped" according to these 19 categories.

Exhibit 3
Students Identified as "Other Health Handicapped" by Category of Medical Diagnosis
December 2000

Category of Medical Diagnosis	Students Identified as "Other Health Handicapped"	
	Number	Percent
Mental/behavioral disorders (includes ADD and ADHD)	3,101	55.9%
Disorders of the nervous system	1,036	18.7%
Disorders of the blood or cancer	226	4.0%
Disorders of the lungs	214	3.9%
Disorders of the muscles, skeleton, and connective tissue	143	2.6%
Pregnancy and gynecological disorders	121	2.2%
Disorders of the heart and blood vessels	81	1.5%
Genetic disorders	91	1.6%
Disorders of the endocrine glands	76	1.4%
Disorders of the stomach and intestine	60	1.1%
Disorders of the genitals and urinary organs	41	0.7%
Allergic disorders and diseases affecting the immune system	37	0.7%
Infectious diseases	34	0.6%
Disorders of the ear	32	0.6%
Nutritional and metabolic disorders	26	0.5%
Disorders of the skin	19	0.3%
Disorders of the eye	15	0.3%
Disorders due to physical agents	8	0.1%
Disorders of the liver and bile passages	3	0.05%
Unable to categorize	*174*	*3.1%*
Total	**5,538**	**99.9%***

Source: LOEO survey of Ohio school districts regarding students identified as "other health handicapped."
* Total does not equal 100% due to rounding.

The two *categories* of medical diagnoses that account for nearly three-quarters of the students identified as "other health handicapped" are mental/behavioral disorders (55.9%) and disorders affecting the nervous system (18.7%). The health professionals that assisted LOEO were unable to categorize 3.1% of the medical diagnoses because they were not specific enough, indicated treatment rather than a diagnosis, or were not referenced in any of

the encyclopedic sources used to place the diagnoses into categories.

Only a handful of *specific* medical diagnoses affect large numbers of students identified as "other health handicapped." Exhibit 4 shows the medical diagnoses that are most common among the 5,538 students identified in the LOEO survey.

****

Exhibit 4
Most Common Medical Diagnoses of Ohio's "Other Health Handicapped" Students
December 2000

Number of Students	Specific Medical Diagnoses
More than 2,600 students	Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) – *Mental/behavioral disorder*
Approximately 400 students	Epilepsy or other seizure disorder – *Disorder of the nervous system*
More than 150 students	Cancer or Leukemia – *Disorder of the blood or cancer*
More than 100 students (each)	• Tourette's Syndrome – *Disorder of the nervous system* • Asthma – *Disorder of the lungs* • Cerebral Palsy – *Disorder of the nervous system* • Pregnancy

Source: LOEO survey of Ohio school districts regarding students identified as "other health handicapped."

Appendix D provides a list of the specific medical diagnoses that affect *ten* or more students.

When considering the information in Exhibits 3 and 4, it is important to remember that a medical diagnosis does not indicate the severity of a student's condition nor the services he requires. Two students with the same diagnosis may have very different needs. Therefore, it is not possible to determine whether a student should be categorized as "other health handicapped – major" or "other health handicapped – minor" by looking at her medical diagnosis alone.

Attention Deficit Disorder

Close to half (47%) of the students represented in the LOEO survey have the primary medical diagnosis of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). Children diagnosed with ADD or ADHD exhibit one or any combination of the following behaviors at a level that is inappropriate for the age of the child:

- Hyperactivity,
- Distractibility; and
- Impulsivity.

School districts have been allowed to categorize students with ADD and ADHD as "other health handicapped" for over a decade. In 1991, the Office of Special Education and Rehabilitative Services (OSERS) of the U.S. Department of Education issued a memorandum explaining that students with ADD should be included in the "other health handicapped" category when ADD is a chronic or acute health problem resulting in limited alertness that *adversely affects educational performance.*

It is important to note that not all students diagnosed with ADD or ADHD are identified as "other health handicapped." As mentioned earlier, the key to identification, as specified in both Ohio rules and federal regulations, is whether or not the condition has an adverse affect on the student's educational performance – many times it does not.

****

Variations in the Percent of Students Identified as "Other Health Handicapped" across Ohio School Districts

As mentioned earlier, across Ohio, 3% of all students with disabilities are identified as "other health handicapped." Twenty-three school districts, however, identify an unusually large percent (10% or higher) of students with disabilities as "other health handicapped." These school districts are predominantly suburban school districts.

Exhibit 5 illustrates the percent of students with disabilities identified as "other health handicapped" by school district size and socio-economic status (SES).

Exhibit 5
Percent of Students with Disabilities Identified as "Other Health Handicapped" by School District Size and Socio-economic Status December 2000

School District Size and Socio-economic Status	Percent of Students with Disabilities Identified as "Other Health Handicapped"
Small, Rural, High poverty	1.9%
Small, Rural, Low poverty	2.8%
Small town, Rural, Average SES	3.5%
Small city, Low SES, High poverty	2.4%
Urban, Average SES, Average poverty	3.3%
Major urban, Average SES, High poverty	1.0%
Urban/suburban, Above average SES, Below average poverty	3.7%
Urban/suburban, High SES, Very low poverty	7.6%

Source: Ohio Department of Education, EMIS – data collected from 607 school districts – excludes island districts, College Corner Local, and Monroe Local – December 2000.

Reasons behind school district differences

LOEO spoke to 13 school districts across the state to learn more about how students are identified for special education services – specifically, those students identified as "other health handicapped." In addition, LOEO analyzed comments offered by over 100 school districts as part of the statewide survey.

Three possible explanations emerged for why some school districts identify unusually low or high percentages of students with disabilities as "other health handicapped."

Identification of students with ADD or ADHD. As mentioned, the most common medical diagnosis of students identified as "other health handicapped" is ADD or ADHD. In school districts where an unusually high percentage of students is identified as "other health handicapped," large numbers of students with ADD or ADHD are always involved.

Several school districts told LOEO that, at times, they identify students with ADD or ADHD as "other health handicapped" even if the condition has no adverse effect on the students' educational performance. This practice fails to satisfy the key element for identification in both state rules and federal regulations.

Some school districts choose to identify students as requiring special education services to avoid expensive and time-consuming legal proceedings involved in challenging parents' requests. Under federal law and state rules, parents are full and active participants in the special education identification process.

School districts that identify a very small percent of students as "other health handicapped," of course, identify very few to no students with ADD or ADHD as "other health handicapped." Some of these school districts explained to LOEO that they have been successful in satisfying parents by providing intervention services without identifying the student as requiring special education services and writing an individualized education program (IEP).

Although it appears that parental pressure is a key factor in determining whether or not students with ADD or ADHD are identified as "other health handicapped," training and awareness of district personnel may also be involved. One school district indicated that it is inclined to identify more students with ADD or ADHD as "other health handicapped" because the school psychologist has had special training in how to identify those students. In contrast, another school district was not even aware that it was permissible to identify students with ADD or ADHD as "other health handicapped."

A more acceptable label. Many students identified as "other health handicapped" could be identified under different, more severe, disability categories. School districts told LOEO that many parents prefer the label "other health handicapped" to other labels such as "autism" or "emotional disturbance" (severe behavior handicapped).

In school districts that receive little to no state funding, primarily wealthy, suburban school districts, there is no financial incentive to go against the parents' wishes and place the student in the more severe disability category. For many of these school districts, the proportion of students in the "other health handicapped"

category is higher than in other school districts.

Reimbursement for home instruction. According to section 3301-51-06 of the Ohio Administrative Code, school districts are allowed to seek partial reimbursement for home instruction costs *only* for those students identified as "other health handicapped" or "severe behavior handicapped." Several school districts told LOEO that they automatically designate students receiving home instruction as "other health handicapped," regardless of the nature of their condition.

From the LOEO survey, the large number of pregnant students identified as "other health handicapped" (120) may also point to the issue of school districts choosing to designate any student on home instruction as "other health handicapped."

At the other extreme, one school district indicated that it identifies students as "other health handicapped" *only* if they receive home instruction. Both scenarios indicate a misunderstanding of the rules regarding the relationship between home instruction and identifying students as requiring special education services.

****

Use of "Medically Fragile" to Define "Other Health Handicapped – Major"

In addition to asking school districts to provide the medical diagnoses for students identified as "other health handicapped," the LOEO survey also requested that school districts indicate whether each student would have been considered "medically fragile" and, therefore, been identified as "other health handicapped – *major*" had the new disability category been in place at that time.

As described earlier, there are two ways that a student identified as "other health handicapped" may be considered "medically fragile":

- If the student has any one of the "functional conditions" provided by the Ohio Department of Education, such as a tracheostomy or a central IV line; or
- If the student meets all three criteria that define a "medically fragile child" according to Am. Sub. H.B. 94 – the child requires the services of a physician once a week, the services of a registered nurse daily, and is at risk of institutionalization.

Only 94, or 1.7%, of the 5,538 "other health handicapped" students represented by the LOEO survey would qualify as "medically fragile." Were the two new "other health handicapped" categories in place at that time, only *those* 94 students would have been identified as "other health handicapped – *major*" and received the higher weight. The remaining 5,444 students would have been identified as "other health handicapped – *minor*." Exhibit 6 illustrates the number of students in each category with their corresponding weights.

Exhibit 6
Number and Percent of Students Who Would Have Qualified as "Other Health Handicapped – *Major*" vs. "*Minor*"

"Other Health Handicapped"	Number	Percent	New Special Education Funding Weight*
Major	94	1.7%	2.3646
Minor	5,444	98.3%	0.3691
Total	***5,538***	***100%***	

Source: LOEO survey of Ohio school districts regarding students identified as "other health handicapped" in December 2000.

* The weights in Am. Sub. H.B. 94 are being "phased in." In fiscal year 2002, the weights will be adjusted by multiplying them by 0.825. In fiscal year 2003, the weights will be adjusted by multiplying them by 0.875.

The specific medical diagnoses for students reported as "medically fragile" are spread across 14 of the 19 categories shown in Exhibit 3. Most of these students, however, have disorders of the nervous system (24), lungs (16), or blood/cancer (14).

Many school districts argue that the "medically fragile" definition is problematic and make two arguments for changing it. First, school districts say students who could be considered "medically fragile" are generally identified in other, more severe, disability categories, such as "multihandicapped."

Most of these school districts will continue to identify those students in the more severe category because of the higher weight. Other school districts, however, are confused by the "medically fragile" definition – questioning whether they must now identify students as "other health handicapped – major," even though those students have previously been appropriately identified in other categories.

Second, according to school districts, many students identified as "other health handicapped" – that are <u>not</u> considered "medically fragile" – still require intensive and costly services and may warrant a higher weight. For example, children that suffer from repeated seizures, cause disruptions in the classroom, or are constantly at risk of wandering off may require aides with them at all times. Other students may require daily nursing services, but fail to meet the other necessary criteria to be considered "medically fragile."

As mentioned earlier, the definition of a "medically fragile" child was taken from a section in the Ohio Revised Code that defines children eligible for placement in "medically fragile foster homes." One of Ohio's county children services agencies told LOEO that of the four school-aged children it has currently in its medically fragile foster homes, only one attends a regular public school. Due to the severity of their conditions, the other three will *never* attend school.

Policy question. All of this suggests that the definition of a "medically fragile child" selected by the Ohio General Assembly, <u>and</u> the "functional conditions" meant to clarify that definition, *may* be too stringent for the purpose of identifying children as "other health handicapped – major.

Appendix A
Definitions of "Functional Conditions" Used to Identify a Medically Fragile Child

In June 2001, Am. Sub. H.B. 94 required the Ohio Department of Education (ODE) to create a list of "medical conditions" to make it clear to school districts which students should be considered "medically fragile" and, therefore, identified as "other health handicapped – major." For a medical condition, or diagnosis, to be included on the list, a substantial majority of the children with the diagnosis must meet all three criteria of a "medically fragile child."

A "medically fragile child" requires:

- The services of a doctor of medicine or osteopathic medicine at least once a week due to the instability of the child's medical condition;
- The services of a registered nurse on a daily basis; and
- Is at risk of institutionalization in a hospital, skilled nursing facility, or intermediate care facility for the mentally retarded.

School districts would be able to identify as "other health handicapped – major" *only* those students with medical diagnoses that appear on the list. The ODE task force established to create the list concluded that very few, if any, medical diagnoses would qualify.

In addition, the task force argued that every type of medical diagnosis has a range of effects from mild to severe. Two students with the same medical diagnosis might require very different services depending on the severity of their condition, resulting in different costs to their school districts.

For these reasons, the task force recommended that "functional conditions" rather than medical diagnoses determine whether or not a child is classified as "medically fragile." In August 2001, ODE provided school districts with the following list of functional conditions that, when at least one is present, indicate a student is "medically fragile." Those conditions are listed below with definitions of each provided by a registered nurse with the Ohio Department of Health.

Tracheostomy. A tracheostomy is a surgical opening in the neck into the trachea (windpipe), which allows air to flow in and out of the lungs. The opening in the neck is called a stoma. A metal or plastic tube, called a tracheostomy tube, may be inserted through the stoma into the trachea. Some students with a stoma may not need a tracheostomy tube.

Some students will have a tracheostomy because of an injury or condition that requires bypassing the normal breathing passages. Others require a tracheostomy because of neurological, muscular, or other conditions that make it difficult for them to breathe effectively or to clear secretions or mucus out of their breathing passages without assistance.

Central IV line. A central venous catheter or IV line is a long-term intravenous line that is inserted surgically into a deep, large vein in the neck or chest, usually near the heart. Sometimes the IV line is inserted into the person's arm, and then it is called a peripheral intravenous catheter or PIC line. Students usually have central IV lines when they have a need for long-term delivery of intravenous food and/or medication. These students may be receiving chemotherapy, antibiotics, or special nutrition therapy called total parenteral nutrition (TPN).

Ventilator. The ventilator or respirator is a machine that can be used to provide total respiratory support for a person who is unable to breathe independently. A ventilator may also be used to assist a student who is able to breathe, but whose respiratory ability is inadequate. Some students may require intermittent use of a ventilator, and others may require full respiratory support for a prescribed period of time during the day or night.

Mechanical ventilation is used to sustain life when a person is unable to breathe sufficiently on his own. Students with conditions such as neurological damage, muscle weakness, and severe pulmonary disease may need ventilator assistance.

Tube feedings. A gastrostomy tube (G-Tube) may be used to administer food, fluids, and medication directly into the stomach. The G-Tube is surgically implanted into the stomach through the surface of the abdomen. Occasionally, a nasogastric (NG-Tube) is inserted through a nostril, down into the esophagus and into the stomach to administer food, fluids, or medication.

This method of administering food, fluids, and medication is used to bypass the usual method of feeding by mouth when there is an obstruction of the esophagus, when swallowing is impaired and the student is at risk of choking, or if the student has difficulty taking enough food by mouth to maintain adequate nutrition.

Percussion and drainage. This procedure involves positioning a student to help drain the lungs. The chest and/or back may be clapped with a cupped hand to help loosen the secretions.

These techniques may be used intermittently on students with conditions such as cystic fibrosis, which may cause the student to develop thick or excessive phlegm. These techniques may also be used when a person cannot cough up phlegm effectively.

Suctioning. Suctioning is a means of clearing the airway of secretions or mucus to assist breathing. Suctioning is performed when a person cannot adequately clear secretions on her own. Suctioning may be accomplished by using a vacuum-type device through a tracheostomy, or through the nose and mouth. Sometimes, a bulb syringe may be used to suction the nose or mouth.

Oxygen dependent. Oxygen use is indicated for physical conditions in which a student is unable to get enough oxygen into the body or needs more oxygen, such as chronic lung conditions, cystic fibrosis or heart problems. Oxygen provides for body functions, relieves shortness of breath, and reduces the workload of the heart.

In schools, generally the oxygen gas is stored under pressure in a metal tank or cylinder, and the student receives the oxygen through a nasal cannula (a small tube in the nose). An oxygen mask could also be used to deliver the oxygen if the nasal passages are blocked. Students with tracheostomies receive oxygen through a collar that fits over the tracheostomy tube. Some students need oxygen continuously, while others may need it only intermittently.

Appendix B
LOEO Survey Respondents by District Size and Socio-economic Status

To determine the primary medical diagnoses of students identified as "other health handicapped," the Legislative Office of Education Oversight (LOEO) surveyed all of Ohio's 612 school districts. LOEO received completed surveys from 88% (538) of those school districts. The following table provides a breakdown of the responding school districts according to comparison groups established by the Ohio Department of Education (ODE).

Comparison Group	Number in State	Number Responding	Percent Responding
Small, Rural, High poverty	78	70	90%
Small, Rural, Low poverty	157	140	89%
Small town, Rural, Average SES	123	111	90%
Small city, Low SES, High poverty	67	57	85%
Urban, Average SES, Average poverty	44	37	84%
Major urban, Average SES, High poverty	14	8	57%
Urban/suburban, Above average SES, Below average poverty	89	82	92%
Urban/suburban, High SES, Very low poverty	35	29	83%
Island districts & College Corner Local SD	4	3	75%
Total	**611***	**537***	**88%**

* One newly created school district, Monroe Local, does not have an ODE comparison group.

Appendix C
Selected Bibliography

Berkow, R., Fletcher, A., & Bears, M. (Eds.). (1992). The Merck manual of diagnosis and therapy (16th ed.). Rahway, NJ: Merck & Co., Inc.

Ohio Department of Education. (2000). Model policies and procedures for the education of children with disabilities. Columbus, OH: Author.

Silver, L. (1989). Attention deficit-hyperactivity disorder and learning disabilities: A booklet for parents. Summit, NJ: CIBA-GEIGY.

U.S. Department of Education. (2000). To assure the free appropriate public education of all children with disabilities: Twenty-second annual report to Congress on the implementation of the Individuals with Disabilities Education Act. Washington, DC: Author.

Appendix D
Medical Diagnoses Affecting Ten or More Students Statewide
December 2000

Mental/behavioral disorders:

- Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder (2,616)
- Mental health condition - unspecified (320)*
- Attachment Disorder (37)
- Autism (25)
- Asperger's Syndrome (18)
- Pervasive Developmental Disorder (15)
- Obsessive Compulsive Disorder (12)
- Bipolar Disorder (11)
- Depression (10)
- Anxiety Disorder (10)

Disorders of the nervous system

- Epilepsy or other seizure disorder (399)
- Tourette's Syndrome (129)
- Cerebral Palsy (120)
- Spina Bifida (47)
- Brain trauma, injury, tumor, etc. (46)
- Neurofibromatosis (45)
- Muscular Dystrophy (34)
- Neurological disorders - unspecified (23)*
- Stroke (20)
- Hydrocephalus (17)
- Migraines (12)
- Sensory Integration Dysfunction (11)

Disorders of the blood or cancer

- Cancer or Leukemia (154)
- Sickle-cell Disease (50)

Disorders of the lungs

- Asthma (128)
- Cystic Fibrosis (45)
- Chronic Pulmonary Disease (17)

* "Mental health condition" and "Neurological disorders" may include any of the other conditions listed in those categories.

Disorders of the muscles, skeleton, and connective tissue

- Juvenile Rheumatoid Arthritis (43)
- Broken bones (21)
- Chronic Fatigue Syndrome (11)

Pregnancy and gynecological disorders

- Pregnancy (120)

Disorders of the heart and blood vessels

- Heart condition or disease (70)

Genetic disorders

- Turner's Syndrome (12)

Disorders of the endocrine glands

- Diabetes (57)

Disorders of the stomach and intestine

- Crohn's Disease (16)

Disorders of the genitals and urinary organs

- Nephritis (19)
- Polycystic Kidney Disease (17)

Allergic disorders and diseases affecting the immune system

- Immune disorders (14)
- Allergies (11)

Infectious diseases

- Encephalitis/Meningitis (20)

The following categories consist of diagnoses that each affected fewer than ten students statewide:

Disorders of the ear
Disorders of the skin
Nutritional and metabolic disorders
Disorders of the eye
Disorders of the liver and bile passages
Disorders due to physical agents

Source: LOEO survey of Ohio school districts regarding students identified as "other health handicapped."